

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 61 years
years, months or days)

3. (a) PRINT FULL NAME MARTHA STUTZ

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Herman Stutz 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 26 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 13 If less than one day hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Gottlieb Koepf
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Max Ambruster
(b) Address 3726a Gravois

17. (a) Burial (b) Date thereof 1/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director W. F. Biedich
(b) Address 1936 St. Louis Ave.

19. (a) JAN 11 1941 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3726a Gravois
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 61 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8
year 1941 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 5th
41 1941 to Jan 8th 1941
that I last saw her alive on Jan 8th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 4 days

Due to _____
Due to _____

Other conditions Debility
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence 1/11/41
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury 8

23. Signature W. F. Biedich (M. D. or other) W. F.
Address 3048 S. Grand Date signed 1/19/41

Mr. Wm. Weinberg
1115 3548 So. Brown
2-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by:

Harold Braun
working under my personal supervision.

Registered Apprentice No. 257

Signed Guilford

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.